

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		2		
4	1	1		1		
5	1	1		1		
6	1	1		1		
7	1	1		1		
8	1	1		1		
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TOTAL IND.			1			
TOTAL DEP.			23			
TOTAL CLAIMS			24			

IMS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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